

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033187

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 441 Registrar's No. 37

STATE FILE NUMBER

FILED AUG 26 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) Bowling Green		c. CITY OR TOWN Bowling Green	
Length of stay in 1b Life Time		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunset Retirement Home		d. STREET ADDRESS (If outside, give location) 19 S. St. Charles St.	
3. NAME OF DECEASED (Type or print) First Ethel Middle Mae Last Clifton		4. DATE OF DEATH Month Aug. Day 6 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/18/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and state or country) Pike Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George M. Sterne		13b. MOTHER'S MAIDEN NAME Mary F. Peay	
14. NAME OF HUSBAND OR WIFE Arthur T. Clifton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO	
16. SOCIAL SECURITY NO. Lawrence Clifton Louisiana Mo.		17. INFORMANT Arthur T. Clifton	
18. CAUSE OF DEATH (Enter only one cause pertinent for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition & Debilitation DUE TO (b) senility DUE TO (c) 8 mos.		INTERVAL BETWEEN ONSET AND DEATH 2 mos.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:40 P. Month, Day, Year 9/20/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Noix Creek	20f. CITY, TOWN, OR LOCATION Pike Co. Mo.		
21. I attended the deceased from 9/20/63 to 8/6/63 and last saw live on 7/18/63 Death occurred at 11:40 P. m. on the date stated above, and to the best of my knowledge, from the causes stated:		22. DATE SIGNED 8/9/63	
22a. SIGNATURE John R. Dineen (Degree or title)		22b. ADDRESS 214 W. Church, Bowling Green, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/9/63	23c. LOCATION (City, town, or county) (State) Pike Co. Mo.	
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana Mo.		25. DATE RECD. BY LOCAL REG. August 9, 1963	
26. REGISTRAR'S SIGNATURE Maiden E. Williams			

(Licensed Embalmer's Statement on Reverse Side)

996192
No permit issued
M. E. Williams
Registrar - district 277
Bowling Green, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.